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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/809,158	03/25/2004	Pelegrin Torres JR.	PD -203 061	7382	
20991 THE DIRECTY	20991 7590 08/14/2007 THE DIRECTV GROUP INC			EXAMINER	
PATENT DOCKET ADMINISTRATION RE/R11/A109			SIPOS, JOHN		
	P O BOX 956 EL SEGUNDO, CA 90245-0956			PAPER NUMBER	
3 3 3	,		3721		
			MAIL DATE	DELIVERY MODE	
			08/14/2007	PAPER	

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

	Application No.	Applicant(s)
Interview Summary	10/809,158	TORRES, PELEGRIN
interview Summary	Examiner	Art Unit
	John Sipos	3721
All participants (applicant, applicant's representative, PTO	personnel):	
(1) <u>John Sipos</u> .	(3)	
(2) Mr. E. Gifford.	(4)	
Date of Interview: <u>15 August 2007</u> .		
Type: a)⊠ Telephonic b)□ Video Conference c)□ Personal [copy given to: 1)□ applicant 2	2) applicant's representative	e]
Exhibit shown or demonstration conducted: d) Yes If Yes, brief description:	e)⊠ No.	
Claim(s) discussed: <u>All</u> .		
Identification of prior art discussed: Applied.		
Agreement with respect to the claims f) was reached. g)⊠ was not reached. h)□ N	I/A.
Substance of Interview including description of the general reached, or any other comments: <u>Discussed how to submit overcome the rejection</u> . Examiner stated that the affidavit samendments to the claims or new issues in the affidavit are	a corrected affidavit under 1. Should be tied to the subject m	132 and whethere that may atter being claimed and if no
(A fuller description, if necessary, and a copy of the amend allowable, if available, must be attached. Also, where no c allowable is available, a summary thereof must be attached	opy of the amendments that w	reed would render the claims yould render the claims
THE FORMAL WRITTEN REPLY TO THE LAST OFFICE A INTERVIEW. (See MPEP Section 713.04). If a reply to the GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER INTERVIEW DATE, OR THE MAILING DATE OF THIS INT FILE A STATEMENT OF THE SUBSTANCE OF THE INTE requirements on reverse side or on attached sheet.	last Office action has already OF ONE MONTH OR THIRTY ERVIEW SUMMARY FORM,	been filed, APPLICANT IS ODAYS FROM THIS WHICHEVER IS LATER, TO

Examiner Note: You must sign this form unless it is an Attachment to a signed Office action.

Examiner's signature, if required